

226477

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 353 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Letise Thomas

Telephone: 704-537-1819

Address: 7116 Idlewild Road
Charlotte, NC 28212

Fax: 704-566-8005

Other: _____

Email: letise.thomas@1stchoiceps.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☒ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

RECEIVED

~~OCT 07 2010~~

PSC SC
CLERK'S OFFICE

RECEIVED

OCT 19 2010

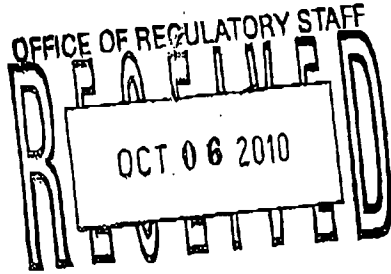
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

STATE OF SOUTH CAROLINA

(Caption of Case)

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OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Letise Thomas

Telephone: 704-537-1819

Address: 7116 Idlewild Road

Fax: 704-566-8065

Charlotte, NC 28212

Other: _____

Email: letise.thomas@1stchoice-tsps.com

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NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

RECEIVED

Date: 10/4/2010

OCT 19 2010

PSC SC
CLERK'S OFFICE

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1st Choice Transportation Services, INC

7116 Idlewild Road Charlotte, NC 28212

Street Address of Applicant

Mailing Address of Applicant if different from street address

704-537-1819

Phone

704-566-8065

Fax

1stchoice@1stchoicetps.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Rayford Jay Waters III

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 10 Year 2010

Assets:

Cash	19,895.00
Receivables	1,878.95
Real Estate	Ø
Buildings and Equipment (Net)	Ø
Motor Vehicles (Net)	15,000
Garage Equipment (Net)	Ø
Machinery and Tools (Net)	2,000.00
Supplies on Hand	10,000.00
Prepays and Other Assets	
Total Assets	48,723.95
<u>Liabilities and Equity:</u>	
Accounts Payable	Ø
Notes Payable	Ø
Mortgages Payable	Ø
Equipment Obligations	Ø
Accrued Salaries and Wages	Ø
Other Accrued Obligations	Ø
Other Liabilities	Ø
Total Liabilities	Ø
Capital Stock	10,000.00
Retained Earnings	4,000.00
Total Equity	14,000.00
Total Liabilities and Equity	62,723.95

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

See Attached Rate Sheet

Counties to be Served:

Florence
Darlington
Columbia
Richland
Lexington
Fairfield
Chester
York
Lancaster

Maximum Number of Passengers per Vehicle:

2 IN service 4 out of service in process to converting into service

RATES

- Non-Ambulatory (Wheelchair) transport within County to County price: \$35.00 per_passenger trip
- Non-Ambulatory (Gerri Chair) transport within County to County price: \$45.00 per_passenger trip
- Non-Ambulatory transport outside County price: \$1.60 per mile from origin destination.
- Ambulatory within County to County price: \$1.25 per passenger plus \$1.60 per mile.
- Ambulatory outside County price \$1.60 per mile from origin destination.
- Ambulatory transport within and outside County based on the following zones:
 - Florence - \$1.60 per mile from origin destination.
 - Darlington - \$1.60 per mile from origin destination.
 - Columbia - \$1.60 per mile from origin destination.
 - Rock Hill - \$1.60 per mile from origin destination.
 - Fort Mill- \$1.60 per mile from origin destination.

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

1st Choice Transportation Services, Inc

Name of Motor Carrier

7116 Idlewild Rd., Charlotte, NC 28212-5750

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 8,191.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	<u>1,500,000</u>
Medical Payments per Person	\$ 1,000	<u> </u>

Integon National Insurance

Name of Insurance Company

500 W. Fifth St., Winston Salem, NC 27102

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-19-10

Date

Rhonda Sewell

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2010

PRODUCER (704) 523-3343 FAX: (704) 522-7418
Charles Lockhart Insurance Agency
4412 Park Road
P.O. Box 11905

Charlotte NC 28220

INSURED

1st Choice Transportation Services, Inc.
7116 Idlewild Rd.

Charlotte NC 28212-5750

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**NAIC #**INSURER A: **AUTO OWNERS**

18988

INSURER B: **GMAC**

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	3565871810	5/28/2010	5/28/2011	EACH OCCURRENCE \$ 1,000,000	
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
		CLAIMS MADE				OCCUR	MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER							
	X	POLICY		PRO-JECT		LOC	
B		AUTOMOBILE LIABILITY	7544753	01/31/2010	01/31/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000	
		ANY AUTO					
		ALL OWNED AUTOS					
	X	SCHEDULED AUTOS				BODILY INJURY (Per person) \$	
		HIRED AUTOS				BODILY INJURY (Per accident) \$	
		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
		ANY AUTO				OTHER THAN EA ACC \$	
						AUTO ONLY: AGG \$	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$	
						AGGREGATE \$	
						\$	
						\$	
						\$	
						\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				OTH-ER	
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$	
						E.L. DISEASE - EA EMPLOYEE \$	
						E.L. DISEASE - POLICY LIMIT \$	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Public Service Commission of South Carolina
Post Office Drawer 11649
Columbia, SC 29211

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Gregg Lockhart/KHH

Exhibit FWA

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

North Carolina
STATE OF ~~SOUTH CAROLINA~~
COUNTY OF Mecklenburg

Rayford J. Waters III
Applicant's Signature

I, Rayford J. Waters III, President
Name of Applicant's Representative Title

of 1st Choice Transportation Services, INC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

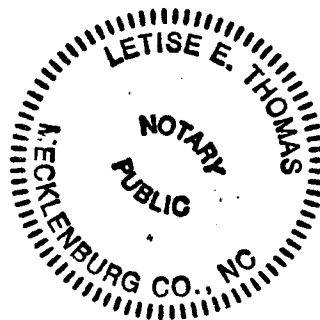
Rayford J. Waters III
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 4th day of October, 2010

Letise E. Thomas
Notary Public

Commission Expires 11-11-2012





Elaine F. Marshall
Secretary

North Carolina

**DEPARTMENT OF THE
SECRETARY OF STATE**

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

SearchType: Starting With

Search Criteria: 1st Choice
Transportation Services

10/4/2010 2:15:52 PM

Click on the entity name below to view the

business profile

	Entity Name	Type	Status	Formed	Online Annual Reports
NC	1st Choice Transportation Services, Inc	BUS	Current-Active	4/16/2010	File Report
NC	1st Choice Transportation Services, Inc	LLC	Converted	4/16/2008	File Report
NC	1st Choice Transportation Services LLC	BUS	Current-Active	4/16/2010	File Report
NC	1st Choice Transportation Services LLC	LLC	Converted	4/16/2008	File Report

4 Records Returned. Search Again

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NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

1ST CHOICE TRANSPORTATION SERVICES, INC

the original of which was filed in this office on the 16th day of April, 2010.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of April, 2010.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION
INCLUDING ARTICLES OF CONVERSION

SOSID: 1035364
Date Filed: 4/16/2010 4:39:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C201009700018

Pursuant to §55-2-02 and § 55-11A-03 of the General Statutes of North Carolina, the undersigned converting business entity does hereby submit these Articles of Incorporation Including Articles of Conversion for the purpose of forming a business corporation.

1. The name of the resulting corporation is 1st Choice Transportation Services, Inc
The corporation is being formed pursuant to a conversion of another business entity.

2. The name of the converting business entity is 1st Choice Transportation Services LLC
and the organization and internal affairs of the converting business entity are governed by the laws of the state or country of North Carolina. A plan of conversion has been approved by the converting business entity as required by law.

3. The converting business entity is a (check one):

- ☐ foreign corporation
☒ domestic limited liability company
☐ foreign limited liability company
☐ domestic limited partnership
☐ foreign limited partnership
☐ domestic registered limited liability partnership
☐ foreign limited liability partnership
☐ other partnership as defined in G.S. 59-36, whether or not formed under the laws of North Carolina

4. The number of shares the corporation is authorized to issue is: 100

These shares shall be: (check either a or b)

- a. ☐ all of one class, designated as common stock; or
b. ☐ divided into classes or series within a class as provided in the attached schedule,
with the information required by N.C.G.S. Section 55-6-01.

5. The street address and county of the initial registered office of the corporation is:

Number and Street 7116 Talewild Road
City Charlotte State NC Zip Code 28212 County Mecklenburg

6. The mailing address, if different from the street address, of the initial registered office is:

Number and Street _____
City _____ State _____ Zip Code _____ County _____

7. The name of the initial registered agent is: Rayford Waters

8. Principal office information: (Select either a or b.)

a. ☒ The corporation has a principal office.

The street address and county of the principal office of the corporation is:

Number and Street 7116 Idlewild Road

City Charlotte State NC Zip Code 28212 County Mecklenburg

The mailing address, if different from the street address, of the principal office of the corporation is:

Number and Street _____

City _____ State _____ Zip Code _____ County _____

b. ☐ The corporation does not have a principal office.

9. Any other provisions, which the corporation elects to include, are attached.

10. The name and address of each incorporator is as follows:

Rayford Waters
7116 Idlewild Road Charlotte, NC 28212

11. These articles will be effective upon filing, unless a date and/or time is specified:

April 16th, 2010 @ 12:01 AM

This the 4th day of April 200 10

Rayford Waters
Signature

INCORPORATOR

Rayford Waters
Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

1ST CHOICE TRANSPORTATION SERVICES LLC

the original of which was filed in this office on the 28th day of March, 2008.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 28th day of March, 2008

Elaine F. Marshall
Secretary of State

1ST CHOICE TSP LLC
7116 IDLEWILD RD. 704-537-1819
CHARLOTTE, NC 28212

66-7783 13
2531

1694

DATE

10-4-10

PAY TO

THE ORDER OF

SECRETARY OF STATE \$ 135.00
ONE HUNDRED THIRTY FIVE DOLLARS



MEMO Application

Robert J. [Signature]

1:

10/4/10

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION BY A FOREIGN CORPORATION
FOR A CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS
IN THE STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to Section 33-15-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for authority to transact business in the State of South Carolina, and for that purpose, hereby submits the following statement:

1. The name of the corporation is (see Sections 33-4-101 and 33-15-106 and Section 33-19-500(b)(1) if the corporation is a professional corporation) _____.
2. It is incorporated as (check applicable item) [☒] a general business corporation, [☐] a professional corporation, under the laws of the state of North Carolina.
3. The date of its incorporation is 3/28/2008 and the period of its duration is March to March.
4. The address of the principal office of the corporation is 7116 Idlewild Road in the
Street Address
city of Charlotte and the state of NC 28212
Zip Code
5. The address of the proposed registered office the state of South Carolina is
7116 Idlewild Road in the city of Charlotte in
Street Address
South Carolina NC 28212
Zip Code
6. The name of the proposed registered agent in this state at such address is
Letise Thomas
Print Name

I hereby consent to the appointment as registered agent of the corporation.

Letise Thomas
Signature of the Registered Agent

1st Choice Transportation Services, INC
Name of Corporation

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a) Name of Directors

Business Address

Letise Thomas

7116 Idlewild Road

Charlotte, NC 28212

b) Name and Office
of Principal Officers

Business Address

Rayford Waters

7116 Idlewild Road

Charlotte, NC 28212

8. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class:

Class of Shares (and Series, if any)

Authorized Number of Each Class (and Series)

9. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State (See Section 33-1-230): _____

Date 10/4/2010

1st Choice Transportation Services, INC
Name of Corporation

Signature

Type or Print Name and Office

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Schedule of Fees (Payable at the time of filing this document):

Fee for filing Application	\$10.00
Filing Tax	\$100.00
Annual Report	<u>\$25.00</u>
Total	\$135.00
4. This form must be accompanied by the initial annual report of corporations and an original certificate of existence no more than 30 days old from the official state of jurisdiction where the corporation is incorporated.
5. If the applicant corporation's domestic name is unavailable in South Carolina, then it must file a certified copy of the board of directors resolution approving the fictitious name along with this application pursuant to Section 33-15-106(a)(2). (additional \$10 filing fee)
6. If the applicant is a foreign professional corporation, then in addition to satisfying the name requirements in Sections 33-19-150 and 33-19-500(b)(1), the following information must be included in the application:
 - a) A statement that the corporation's sole business purpose is to engage in a specified form of professional services (e.g. Law firm).
 - b) A statement that all of its shareholders, not less than one-half of its directors, and all of its officers other than its secretary or treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE.